

**RESTRICTED**

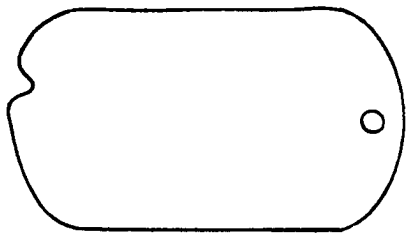
QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT STORAGE**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

21 Jan. 1949

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>Unidentified (Formerly UNKNOWN X-336 Carlton, Lewis DeVerne)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>USN</b>
RACE <b>White</b>	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Tulagi, B.S.I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH <b>30 Nov. 42</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Board Proceedings (772) Hq. AGCS (FAZ) APO 958 dtd 12 Jan. 1949.</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**US Army Mausoleum, Schofield Barracks, T. H.**

DATE OF BURIAL <b>14 Jan. 48</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Final type casket</b>	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>AM Cemetery, Guadalcanal, B.S.I.</b>	PLOT No. <b>F</b>	ROW No. <b>202</b>	GRAVE No. <b>2</b>
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TYPE OF RELIGIOUS CEREMONY <b>---</b>	PERSON CONDUCTING BURIAL RITES <b>---</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>---</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>---</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable due to</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets.</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>I. K. Usher</i> <b>I. K. USHER - Clerk</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Carl B. Yancy</i> <b>CARL B. YANCY, CWO, USA</b>
--	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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**Section 3. UNIDENTIFIED REMAINS.**


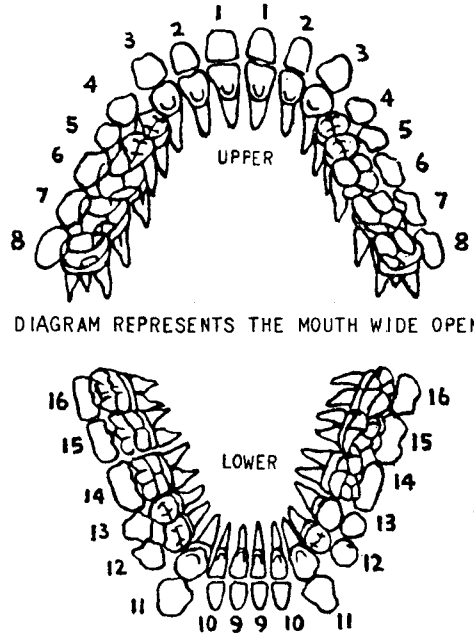




**INSTRUCTIONS:**

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

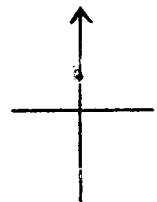
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

<b>HEIGHT</b>	<b>WEIGHT</b>	<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>	<b>BIRTHMARKS, SCARS, OR TATTOOS</b>
<b>WEAPON AND SERIAL No.</b>		<b>LAUNDRY MARKS</b>		<b>WHERE BODY WAS BURIED OR FOUND</b>

**OTHER IDENTIFICATION CLUES**

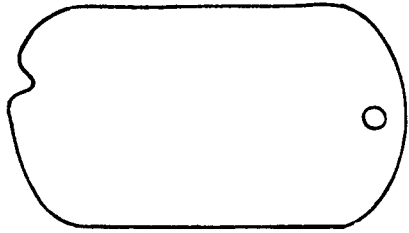
<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY




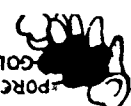

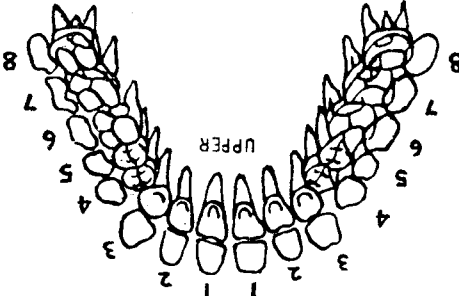
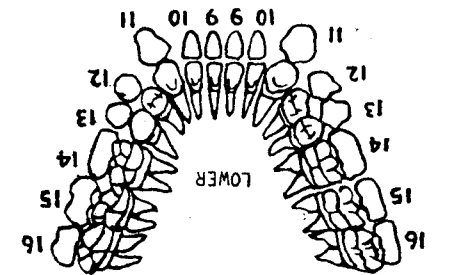
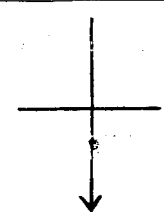


**REMARKS:**

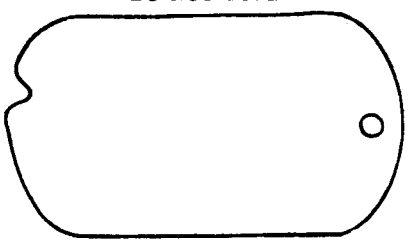


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<b>WD QMC FORM 1042</b> (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF <del>INTERMENT</del> STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center"><b>21 Jan. 1949</b></p>				
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <p align="center"><b>Unidentified (Formerly UNKNOWN X-336 Carlton, Lewis LaVerne)</b></p> SERIAL No. <p align="center"><b>Unknown</b></p>					
	GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>	BRANCH OF SERVICE <p align="center"><b>USN</b></p>			
	RACE <p align="center"><b>White</b></p>	RELIGION 	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY 			
PLACE OF DEATH <p align="center"><b>Tulagi, B.S.I.</b></p>	CAUSE OF DEATH <p align="center"><b>KIA</b></p>	DATE OF DEATH <p align="center"><b>30 Nov. 42</b></p>				
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center"><b>Board Proceedings (772) Hq, AGRS (PAZ) APO 958 dtd 12 Jan. 1949.</b></p>					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center"><b>Yes</b></p>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>US Army Mausoleum, Schofield Barracks, T. H.</b></p>						
DATE OF BURIAL <p align="center"><b>14 Jan. 48</b></p>	HOUR 	BURIED IN (Shroud, blanket, or name of other) <p align="center"><b>Final type casket</b></p>	TYPE OF GRAVE MARKER 	PLOT No. 	ROW No. 	GRAVE No. 
WAS THIS A REBURIAL? (Yes or no) <p align="center"><b>Yes</b></p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"><b>ANM Cemetery, Guadalcanal, B.S.I.</b></p>			PLOT No. <p align="center"><b>F</b></p>	ROW No. <p align="center"><b>202</b></p>	GRAVE No. <p align="center"><b>2</b></p>
TYPE OF RELIGIOUS CEREMONY <p align="center"><b>--</b></p>	PERSON CONDUCTING BURIAL RITES <p align="center"><b>--</b></p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center"><b>--</b></p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center"><b>--</b></p>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center"><b>Not applicable due to</b></p>		RANK <p align="center"><b>--</b></p>	SERIAL No. <p align="center"><b>--</b></p>	ORGANIZATION <p align="center"><b>--</b></p>	GRAVE No. <p align="center"><b>--</b></p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center"><b>manner of storing caskets.</b></p>		RANK <p align="center"><b>--</b></p>	SERIAL No. <p align="center"><b>--</b></p>	ORGANIZATION <p align="center"><b>--</b></p>	GRAVE No. <p align="center"><b>--</b></p>	
SIGNATURE OF PERSON PREPARING REPORT <p align="center"><i>I. K. Usher</i> <b>I. K. USHER - Clerk</b></p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center"><i>Earl B. Yancy</i> <b>EARL B. YANCY, CWO, USA</b></p>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy of enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

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LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER															
<p><b>INSTRUCTIONS:</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identification of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imp rint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>																								
<p><b>Section 3. IDENTIFIED REMAINS.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">HEIGHT</td> <td style="width: 15%;">WEIGHT</td> <td style="width: 15%;">COLOR OF EYES</td> <td style="width: 15%;">COLOR OF HAIR</td> <td style="width: 15%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td colspan="3">WEAPON AND SERIAL NO.</td> <td>LAUNDRY MARKS</td> <td>WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td colspan="5" style="text-align: center;">OTHER IDENTIFICATION CLUES</td> </tr> </table>										HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	WEAPON AND SERIAL NO.			LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	OTHER IDENTIFICATION CLUES				
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OTHER IDENTIFICATION CLUES																								
<p style="text-align: center;">FILLINGS</p>  <p style="text-align: center;">SILVER FILLING</p>					<p style="text-align: center;">CAVITIES</p>  <p style="text-align: center;">CAVITY DECAYED</p>																			
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<p style="text-align: center;">BRIDGE WORK</p>  <p style="text-align: center;">GOLD BRIDGE</p>					<p style="text-align: center;">UPPER</p>  <p style="text-align: center;">LOWER</p>  <p style="text-align: center;">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>																			
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>																								
<p>REMARKS:</p>																								

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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <b>12 Apr 49</b>
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <b>UNKNOWN X-336 Unidentified</b> <b>(Formerly Carlton, Lewis Laverne)</b>	
	SERIAL No. <b>Unknown</b>	
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
	BRANCH OF SERVICE <b>USN</b>	
	RACE <b>White</b>	RELIGION 
	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY 	
PLACE OF DEATH <b>Tulagi, B.S.I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH <b>30 Nov 42</b>
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Ltr DA, OQMG, QMGMN 293, CARLTON, Lewis Laverne,</b> <b>372 46 54 - USN, 4 Apr 49, Subj: Board Proceedings</b> <b>No. 772</b>	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>		
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>US Army Mausoleum, Schofield Barracks, T. H.</b>		
DATE OF BURIAL <b>14 Jan 48</b>	HOUR 	BURIED IN (Shroud, blanket, or name of other) <b>Final type casket</b>
	TYPE OF GRAVE MARKER 	PLOT No. 
	ROW No. <b>K</b>	GRAVE No. <b>18</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>ANM Cemetery, Guadalcanal, B.S.I.</b>	
	PLOT No. <b>F</b>	ROW No. <b>202</b>
		GRAVE No. <b>2</b>
TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable due to</b>	RANK ---	SERIAL No. ---
	ORGANIZATION ---	GRAVE No. ---
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets</b>	RANK ---	SERIAL No. ---
	ORGANIZATION ---	GRAVE No. ---
SIGNATURE OF PERSON PREPARING REPORT  <b>I. K. USHER - Clerk</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>EARL B. YANCY, CWO, USA</b>	
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.		

**RESTRICTED**

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:		HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
<p>(a) Great care will be taken to record the most minute clues for the future identification of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>						
<p>WEAPON AND SERIAL NO.</p> <p>LAUNDRY MARKS</p> <p>WHERE BODY WAS BURIED OR FOUND</p>						
OTHER IDENTIFICATION CLUES						
<p>FILLINGS</p> <p>GOLD FILLING</p> <p>CAVITIES</p> <p>CAVITY</p> <p>DECAYED</p> <p>MISSING TEETH</p> <p>TOOTH MISSING</p> <p>CROWNED TEETH</p> <p>PORCELAIN CROWN</p> <p>GOLD CROWN</p> <p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>						
<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>UPPER</p> <p>LOWER</p>						
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>						
REMARKS:						
RIGHT LITTLE FINGER	RIGHT RING FINGER	RIGHT MIDDLE FINGER	RIGHT INDEX FINGER	RIGHT THUMB	LEFT THUMB	LEFT INDEX FINGER
LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	LEFT INDEX FINGER	LEFT MIDDLE FINGER

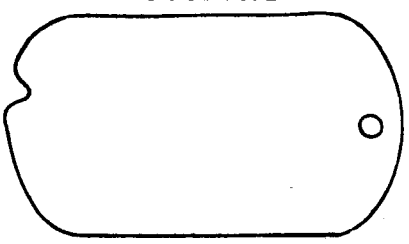
**RESTRICTED**

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT STORAGE**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

12 Apr 49

<p><i>Imprint Identification Tag If Possible.</i> <b>DO NOT TYPE</b></p> 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME ( <i>Last, first, middle initial</i> )		SERIAL No.
	UNKNOWN X-336 Unidentified (Formerly Carlton, Lewis Laverne)		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	USN	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
White			

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tulagi, E.S.I.	KIA	30 Nov 42

EMERGENCY ADDRESSEE (*Name, relationship, and address*)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION ( <i>If unidentified, fill in section 3 on reverse</i> )
None	Ltr DA, OQMG, QMGMN 293, CARLTON, Lewis Laverne, 372 46 54 - USN, 4 Apr 49, Subj: Board Proceedings No. 772
WERE SUBSTITUTE TAGS PROVIDED?( <i>Yes or no</i> )	
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

**Section 2.—BURIAL.** *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL	HOUR	BURIED IN ( <i>Shroud, blanket, or name of other</i> )	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 48		Final type casket			K	18

WAS THIS A REBURIAL? ( <i>Yes or no</i> )	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	ANM Cemetery, Guadalcanal, B.S.I.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY ( <i>Yes or no</i> )	IDENTIFICATION TAG ATTACHED TO MARKER ( <i>Yes or no</i> )
---	---






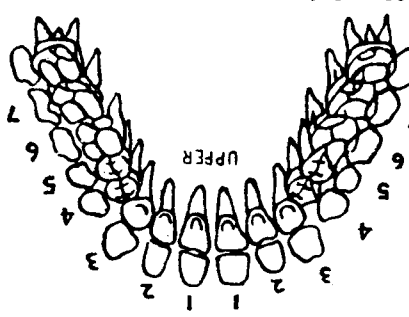
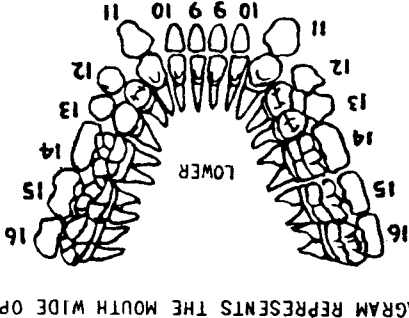
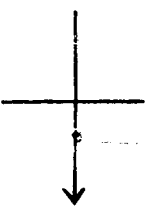
BODY BURIED ON DECEASED LEFT, NAME ( <i>Last, first, middle initial</i> )	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to	---	---	---	---

BODY BURIED ON DECEASED RIGHT, NAME ( <i>Last, first, middle initial</i> )	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
manner of storing caskets	---	---	---	---

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>I. K. Usher</i> I. K. USHER - Clerk	<i>Carl B. Yancy</i> CARL B. YANCY, CPO, USA

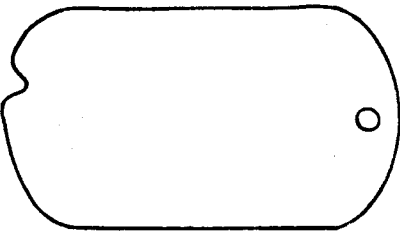
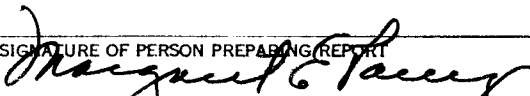
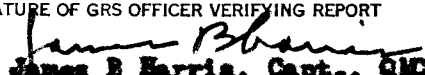
**DISTRIBUTION OF REPORT:** *Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.*

**RESTRICTED**

Section 1. UNIDENTIFIED REMAINS.		RIGHT LITTLE FINGER
<p><b>INSTRUCTIONS:</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>		
HEIGHT	WEIGHT	RIGHT RING FINGER
COLOR OF EYES	COLOR OF HAIR	RIGHT MIDDLE FINGER
BIRTHMARKS, SCARS, OR TATTOOS	WHERE BODY WAS BURIED OR FOUND	RIGHT INDEX FINGER
WEAPON AND SERIAL NO.		RIGHT THUMB
LAUNDRY MARKS	OTHER IDENTIFICATION CLUES	LEFT THUMB
		LEFT INDEX FINGER
		LEFT MIDDLE FINGER
		LEFT RING FINGER
		LEFT LITTLE FINGER
<p><b>FILLINGS</b></p>  <p>SILVER FILLING</p> <p><b>CAVITIES</b></p>  <p>CAVITY</p> <p>DECAYED</p> <p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p> <p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN</p> <p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>		
<p><b>UPPER</b></p>  <p><b>LOWER</b></p>  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> 		
REMARKS:		

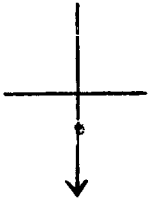


**RESTRICTED**

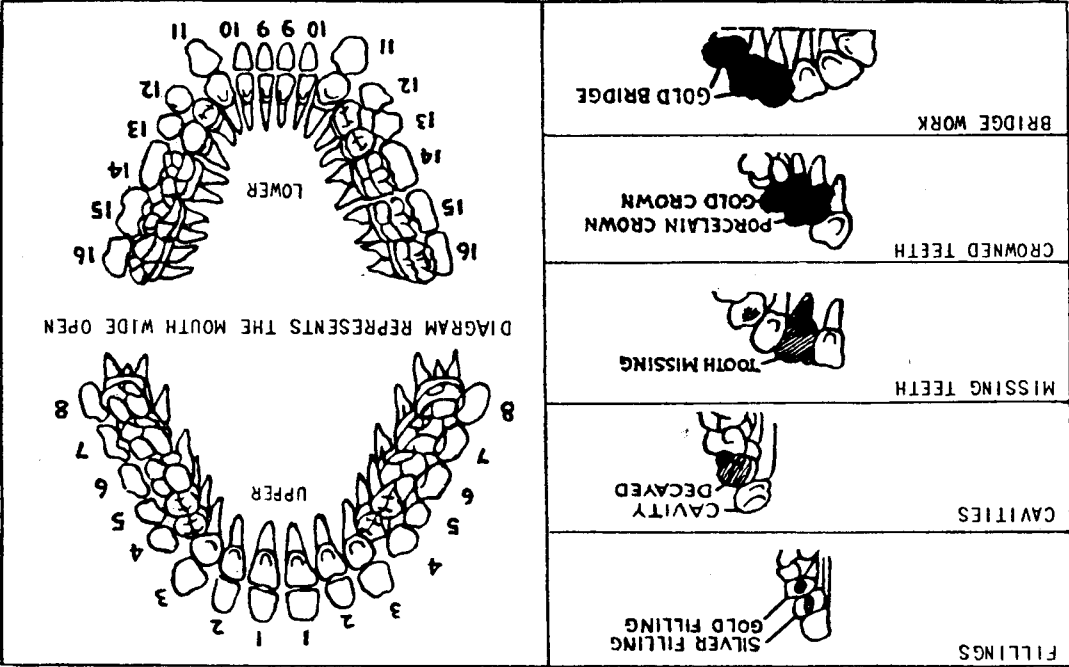
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center"><b>19 July 1949</b></p>				
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p align="center"><b>UNKNOWN X-336 (GUADALCANAL (UNIDENTIFIABLE))</b></p>		SERIAL No. <p align="center"><b>Unknown</b></p>			
	GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>	BRANCH OF SERVICE <p align="center"><b>USM</b></p>			
	RACE <p align="center"><b>White</b></p>	RELIGION <p align="center"><b>Unknown</b></p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
	PLACE OF DEATH <p align="center"><b>Talagi, B. S. I.</b></p>	CAUSE OF DEATH <p align="center"><b>KIA</b></p>	DATE OF DEATH <p align="center"><b>30 Nov 42</b></p>			
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center"><b>UNIDENTIFIABLE</b></p>		WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center"><b>Yes</b></p>			
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>National Memorial Cemetery of the Pacific, Honolulu, T. H.</b></p>						
DATE OF BURIAL <p align="center"><b>21 June 1949</b></p>	HOUR <p align="center"><b>1000</b></p>	BURIED IN (Shroud, blanket, or name of other) <p align="center"><b>Permanent Type Casket</b></p>	TYPE OF GRAVE MARKER <p align="center"><b>Cross</b></p>	PLOT No. <p align="center"><b>Q</b></p>	ROW No. 	GRAVE No. <p align="center"><b>251</b></p>
WAS THIS A REBURIAL? (Yes or no) <p align="center"><b>Yes</b></p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"><b>ANM Cemetery, Guadalcanal NSI</b></p>			PLOT No. <p align="center"><b>F</b></p>	ROW No. <p align="center"><b>202</b></p>	GRAVE No. <p align="center"><b>2</b></p>
TYPE OF RELIGIOUS CEREMONY <p align="center"><b>Catholic Protestant</b></p>	PERSON CONDUCTING BURIAL RITES <p align="center"><b>Magene L A Fisher, Chaplain Albert F Click, Chaplain</b></p>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center"><b>Yes</b></p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center"><b>Yes</b></p>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center"><b>White, Wesley</b></p>		RANK <p align="center"><b>T Sgt</b></p>	SERIAL No. <p align="center"><b>37053729</b></p>	ORGANIZATION <p align="center"><b>USACF</b></p>	GRAVE No. <p align="center"><b>225</b></p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT  <p align="center"><b>Margaret E Parry, Chief Clerk, MDC</b></p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT  <p align="center"><b>James B Harris, Capt., QMC</b></p>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Unknown X-556, Guadalcanal  
 Section 9, Grave No. 281

REMARKS:



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



RIGHT LITTLE FINGER
RIGHT RING FINGER
RIGHT MIDDLE FINGER
RIGHT INDEX FINGER
RIGHT THUMB
LEFT THUMB
LEFT INDEX FINGER
LEFT MIDDLE FINGER
LEFT RING FINGER
LEFT LITTLE FINGER

OTHER IDENTIFICATION CLUES

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

INSTRUCTIONS:  
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Section 3--UNIDENTIFIED REMAINS.

**RESTRICTED**

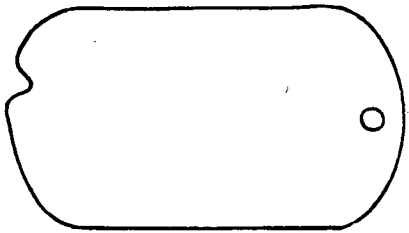
V/D QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

19 July 1949

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNKNOWN X-336 (GUADALCANAL UNIDENTIFIABLE)**

SERIAL No.

**Unknown**

GRADE

**Unknown**

ORGANIZATION

**Unknown**

BRANCH OF SERVICE

**USN**

RACE

**White**

RELIGION

**Unknown**

IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH

**Tulagi, B. S. I.**

CAUSE OF DEATH

**KIA**

DATE OF DEATH

**30 Nov 42**

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

**None**

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

**UNIDENTIFIABLE**

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

**Yes**

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**None**

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

**National Memorial Cemetery of the Pacific, Honolulu, T. H.**

DATE OF BURIAL

**21 June 1949**

HOUR

**1000**

BURIED IN (Shroud, blanket, or name of other)

**Permanent Type Jacket**

TYPE OF GRAVE MARKER

**Cross**

PLOT No.

ROW No.

GRAVE No.

**251**

WAS THIS A REBURIAL?  
(Yes or no)

**Yes**

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

**ANM Cemetery, Guadalcanal BSI**

PLOT No.

ROW No.

GRAVE No.

**F**

**202**

**2**

TYPE OF RELIGIOUS CEREMONY

**Catholic  
Protestant**

PERSON CONDUCTING BURIAL RITES

**Eugene L. Fisher, Chaplain  
Albert F. Click, Chaplain**

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

**Yes**

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

**Yes**

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

**White, Wesley**

RANK

**1 Sgt**

SERIAL No.

**57058720**

ORGANIZATION

**USN**

GRAVE No.

**223**

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

*Margaret E. Parry*  
Margaret E. Parry, Chief Clerk, USN

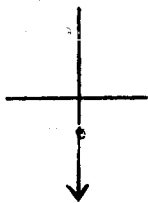
SIGNATURE OF GRS OFFICER VERIFYING REPORT

*James B. Harris*  
James B. Harris, Capt., USN

**DISTRIBUTION OF REPORT:** Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Unknown X-556, Guadalcanal  
 Section 4, Grave No. 251

REMARKS:



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

<p>LOWER</p>	<p>GOLD BRIDGE</p>
<p>UPPER</p>	<p>PORCELAIN CROWN</p>
<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p>TOOTH MISSING</p>
	<p>DECAYED</p>
	<p>SILVER FILLING</p>
	<p>CAVITIES</p>
	<p>MISSING TEETH</p>
	<p>CROWNED TEETH</p>
	<p>BRIDGE WORK</p>

OTHER IDENTIFICATION CLUES

WEAPON AND SERIAL NO. \_\_\_\_\_  
 LAUNDRY MARKS \_\_\_\_\_  
 WHERE BODY WAS BURIED OR FOUND \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ BIRTHMARKS, SCARS, OR TATTOOS \_\_\_\_\_

INSTRUCTIONS:  
 (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, planes, vehicles, and tanks.  
 (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

RIGHT LITTLE FINGER
RIGHT RING FINGER
RIGHT MIDDLE FINGER
RIGHT INDEX FINGER
RIGHT THUMB
LEFT THUMB
LEFT INDEX FINGER
LEFT MIDDLE FINGER
LEFT RING FINGER
LEFT LITTLE FINGER

CELESTIAL IDENTIFICATION LABORATORY  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.0	
VERTEBRAE	CERVICAL	6		1 missing.
	THORACIC	11		Eroded and fractured.
	LUMBAR	5		
SACRUM		1		All missing except 2 segments.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 29.2	Eroded.
	LEFT	1		Eroded.
RIBS		23		Fractured and eroded.
STERNUM		1		Eroded.
CLAVICLES	RIGHT	1	14.9	
	LEFT	1	14.9	
SCAPULAE	RIGHT	1		Fractured and eroded.
	LEFT	1		Fractured and eroded.
HUMERI	RIGHT	1	35.0	
	LEFT	1	35.2	
RADII	RIGHT	1	25.6	
	LEFT	1	25.2	
ULNAE	RIGHT	1	26.9	
	LEFT	1	26.7	
HANDS	RIGHT	1		All missing except 1 metacarpal.
	LEFT	1		All missing except 1 metacarpal.
FEMORA 50.2 49.8	RIGHT	1	50.0	Eroded.
	LEFT	1	49.5	Eroded.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	40.4	
	LEFT	1	40.4	
FIBULAE	RIGHT	1	39.4	Head eroded.
	LEFT	1	39.2	
FEET	RIGHT	1		All missing except 1 tarsal, 4 metatarsals.
	LEFT	1		2 tarsals, 2 metatarsals, most phalanges miss.

HUMERO-CLAVICULAR RATIO		APPROXIMATE AGE (in years) 22 to 24 years (see item #21.)
ESTIMATED HEIGHT See item #21.		LEG-HIP BR RATIO
ESTIMATED WEIGHT 151 to 177 lbs.		

/s/ M. Trotter  
M. TROTTER  
ANTHROPOLOGIST

ENCLOSURE TO: X-336 Guadalcanal

AND MAJORITY, APO 957  
 CENTRAL IDENTIFICATION LABORATORY  
 O. W. GREENWOOD, CAPT., OMC

O. W. Greenwood  
 O. W. Greenwood  
 /s/ SIGNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

FLUOROSCOPICAL EXAMINATION NEGATIVE. TEETH CHARTED

Rollet	182	71.65	51 11 5/8"
Krogman	177	69.68	51 9 5/8"
Pearson	173	68.11	51 8 1/8"

Height estimates:

The extra part listed in item #20 has been classified as C.I.L. Unknown X-484.

indicating a cleft chin.

The mandible is of medium strength. The chin is square with bilateral eminences

The palate is average in height and "U" shaped.

Indicate the possibility of a broad nose.

The lower borders of the nasal aperture are sharp. The nasal bones are medium and

ridges are medium and the glabella region is depressed.

external occipital protuberance. The forehead is medium with a vertical form. The brow-

The skull is short, pentagonal in type with average backhead projection and a moderate

early twenties, (the skull indicates late twenties.)

These are the remains of a tall man of average build and muscularity, probably in his

21. REMARKS AND ADDITIONAL INFORMATION

M. Trotter  
 /s/ M. Trotter  
 ANTHROPOLOGIST  
 SIGNATURE OF MEDICAL OFFICER

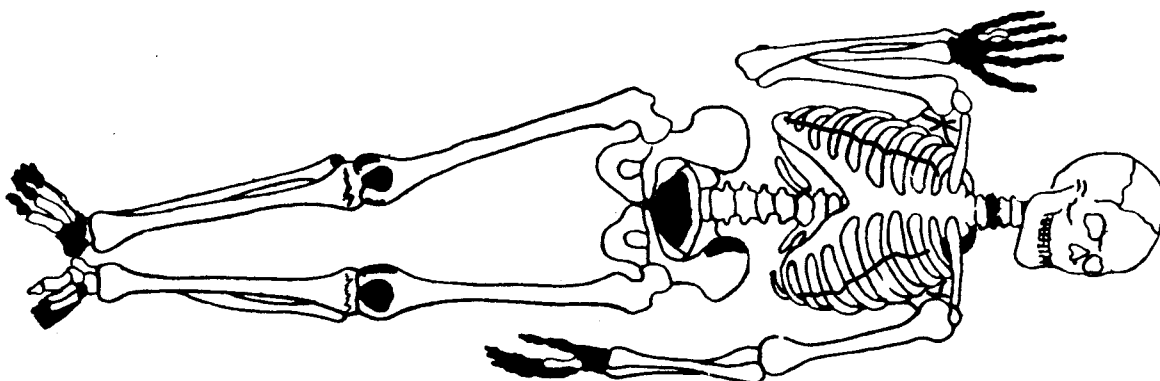
One (1) extra left humerus.

OF THE FOLLOWING ANATOMICAL PARTS:

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE

NUMBER 2

MASS BURIAL CERTIFICATE (IF APPLICABLE)  
 (Wherein segregation in whole or parts is impossible)



19. BLACK CUT PARTS OF BODY NOT REC REC

X-336 Guadalcanal

18. MAJOR DISCREPANCY

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:

X-336

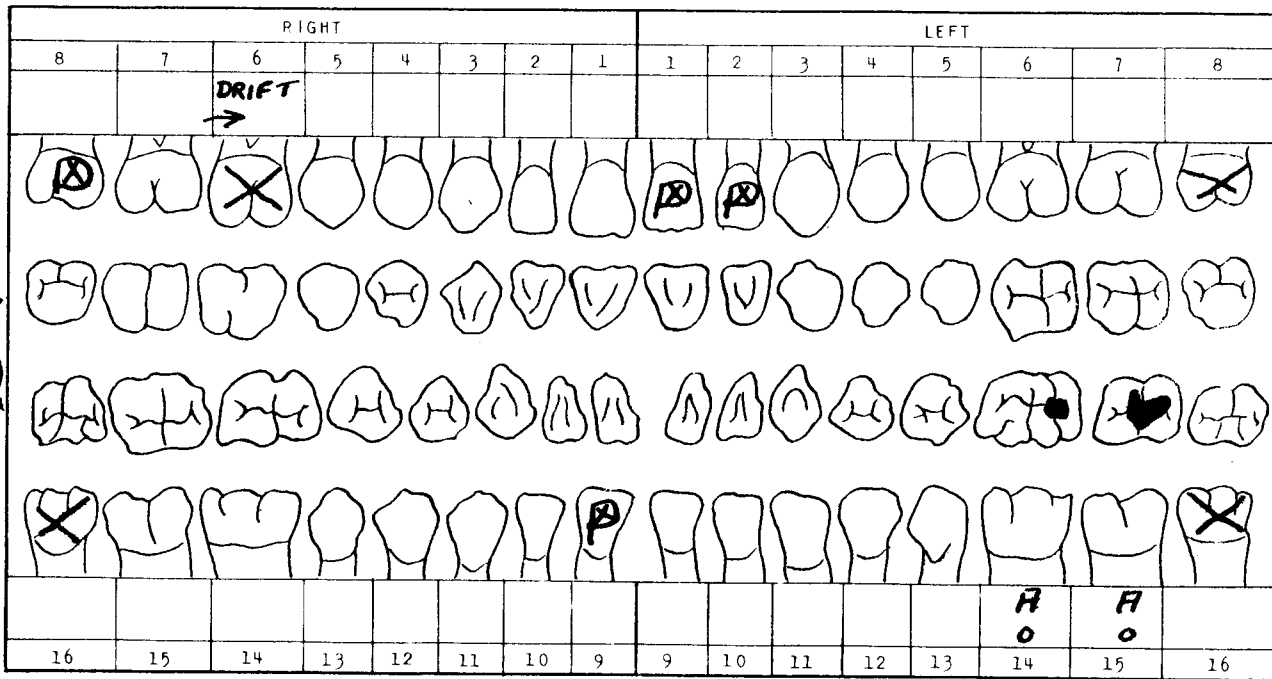
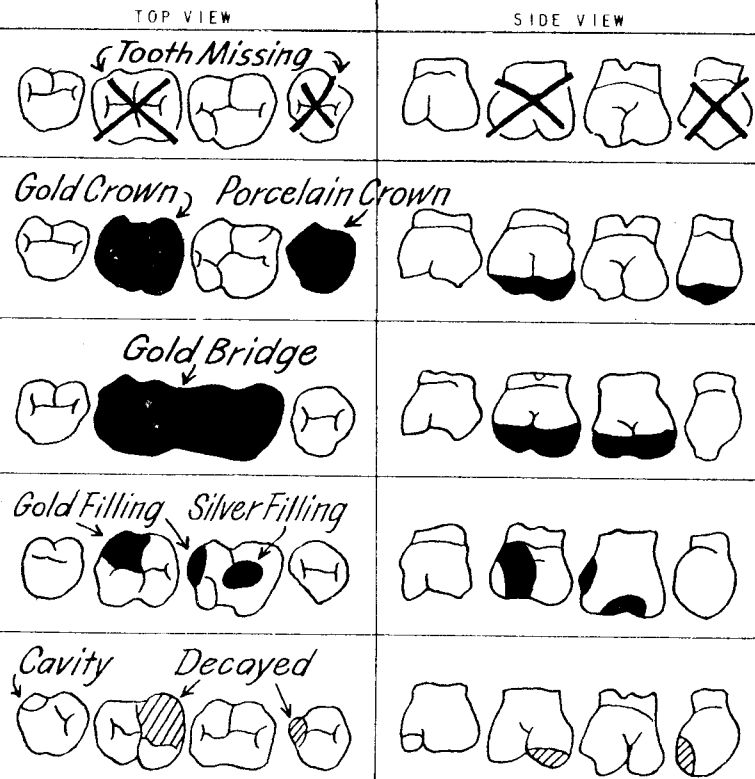
Guadalcanal

**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CORRECTED COPY-MAJOR DISC. IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-336 Guadalcanal				2. DATE OF REPORT 10 November 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Guadalcanal		4. PLOT F	5. ROW K 202	6. GRAVE 18 2	7. DATE OF DISINTERMENT 10 Nov. 48	REINTERMENT 10 Nov 48
PHYSICAL DESCRIPTION Age: 22 to 24 years. (see item #21.)						
8. ESTIMATED WEIGHT 151 to 177 lbs.	9. ESTIMATED HEIGHT R-5'11 5/8" P-5'8 1/8"	10. COLOR OF HAIR U.T.D.		11. RACE white		

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None.

UNIDENTIFIABLE  
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

1st. Lt., FA 0-1187395 *Ayril G. Diney* 1 Feb 1949

14. WAS BODY BURNED? TO WHAT EXTENT?  
 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO Badly eroded.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None.



JEW

# DISINTERMENT DIRECTIVE

6

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
1730 03430

DATE  
15 03 41  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	00033				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUARDIAN ANGEL BOROHO 13				0430
				CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**NATIONAL MEMORIAL CEMETERY OF THE  
PACIFIC, TERRITORY OF HAWAII**

NAME AND ADDRESS OF NEXT OF KIN  
**(BY ADMINISTRATIVE DECISION)**

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	<b>UNKNOWN</b>		NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOUND AND MAILED	SHIPPING ADDRESS VERIFIED BY

DATE	BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
**UNIDENTIFIABLE**

# CHANGE

1

DISINTERMENT DIRECT **DUPLICATE**SECTION A —  
NAME AND BURIAL LOCATION OF DECEASEDDIRECTIVE NUMBER  
8730 03438DATE  
15 05 49  
DAY MONTH YEARNAME  
UNKNOWN X-336

SERIAL NUMBER

GRADE

ARM  
QRACE  
ORELIGION  
6CEMETERY  
GUADALCANAL SOLOMON ISLANDSPLOT  
FROW  
202GRAVE  
2DISPOSITION OF REMAINS  
0492 64  
CODE DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC  
TERRITORY OF HAWAIINAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS  
 MARKER

UNKNOWN

NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report G-10 for minor discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE, PERMANENTLY INTERRED IN THE NAT'L MEM CEM  
OF THE PACIFIC, PLOT Q, GRAVE 251.**CHANGE**

Filed  
 NAT'L MEM CEM  
 6 Sept 50  
 6-30-50  
 J. H. [unclear]

FILE IDENTIFICATION TOPPER

FILE NUMBER

943 unk Guadalcanal X-336

SUBJECT

Formerly Carlton, Lewis Laverne

QMC FORM 1121  
1 Aug 45